



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 045000001

CITY OR TOWN **GLOUCESTER**

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **ROCKY NECK, INC.**

DOING BUSINESS AS **MAD FISH GRILL**

ADDRESS **77 ROCKY NECK AVE.**

CITY/TOWN: **GLOUCESTER**

STATE: **MA**

ZIP CODE: **01930**

MANAGER: **AHEARN, NICOLE** TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SINGLE STORY RESTAURANT CONTAINING APPROX. 5,130 SQ. FT. WITH DINING ROOM, LOUNGE AND KITCHEN. ONE ENTRANCE/TWO EXITS.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF MARCH (M.G.L. Ch. 138 § 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 045000005

CITY OR TOWN GLOUCESTER

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: THE TRIO BUILDING INC.

DOING BUSINESS AS LOBSTA LAND

ADDRESS CAUSEWAY STREET

CITY/TOWN: GLOUCESTER

STATE: MA

ZIP CODE: 01930

MANAGER: GRAMMAS,
COREY

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1 BAR ENTRANCE INTO BAR AREA WITH INSIDE ENTRANCE TO DINING ROOM WITH DOUBLE DOORS TO STREET AND KITCHEN AREA W/OUTSIDE ENTRANCE ALSO INCLUDES PORCH AREA IN FRONT OF BUILDING.

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 045000011

CITY OR TOWN GLOUCESTER

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: EASTERN POINT YACHT CLUB

DOING BUSINESS AS

ADDRESS 125 EASTERN POINT

CITY/TOWN: GLOUCESTER

STATE: MA

ZIP CODE: 01930

MANAGER: FERRIS,
CHRISTOPHER

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TEN EXTERIOR DOOR SERVE AS ENTRANCES AND EXITS. 3 STORY WOODEN BUILDING WITH 5 ROOMS ON THE FIRST FLOOR; 5 ROOMS ON THE 2ND 2 ON THIRD. CELLAR USED FOR FOOD STORAGE, RESTROOMS AND LOBBY.

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 045000035

CITY OR TOWN GLOUCESTER

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ANNISQUAM YACHT CLUB INC.

DOING BUSINESS AS

ADDRESS 19 RIVER ROAD

CITY/TOWN: GLOUCESTER

STATE: MA

ZIP CODE: 01930

MANAGER: PASSARETTI,
ANTHONY

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1ST. FLOOR, DINING AREA, KITCHEN, MENS' AND LADIES' ROOM, THIRD FLOOR FOR STORAGE ONLY.

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 045000037

CITY OR TOWN GLOUCESTER

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: DYERS STUDIO RESTAURANT CORP.

DOING BUSINESS AS THE STUDIO

ADDRESS 51 ROCKY NECK AVE.

CITY/TOWN: GLOUCESTER

STATE: MA

ZIP CODE: 01930

MANAGER: DYER, DENNIS

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE-STORY WOODEN BUILDING W/TWO ENTRANCES AND NO CELLAR' ONE FLOOR TWO ROOMS.
33'X65' OPEN DECK ON THE SMITH COVE SIDE.

I hereby certify and swear under penalties of perjury that:

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LICENSE NUMBER: 045000038

CITY OR TOWN GLOUCESTER

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: DYER'S RUDDER RESTAURANT

DOING BUSINESS AS THE RUDDER RESTAURANT

ADDRESS 73 ROCKY NECK AVE.

CITY/TOWN: GLOUCESTER

STATE: MA

ZIP CODE: 01930

MANAGER: DYER, DENNIS

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

4 ROOMS IN A TWO-STORY WOODEN BUILDING. SIX ENTRANCES AND EXITS. STORE ROOM ON SECOND FLOOR; ALSO TWO ONE-ROOM APTS. ON SECOND FLOOR.

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EMPLOYER IDENTIFICATION NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 045000092

CITY OR TOWN GLOUCESTER

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CAFFE D'OLCE, INC

DOING BUSINESS AS

ADDRESS 3 MAIN ST

CITY/TOWN: GLOUCESTER

STATE: MA

ZIP CODE: 01930

MANAGER: MOCERI,
SEBASTIAN

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE ENTRANCE/EXIT, CAFFEE CAPACITY SEATS 20 CHAIRS, 20 TABLES.

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 045000093

CITY OR TOWN **GLOUCESTER**

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **CAPTAIN CARLO'S LLC**

DOING BUSINESS AS **CAPTAIN CARLOS**

ADDRESS **27-37 HARBOR LOOP**

CITY/TOWN: **GLOUCESTER**

STATE: **MA**

ZIP CODE: **01930**

MANAGER: **FOSTER,
ROSEMARIE**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

OUTSIDE EXITING FROM INSIDE DINING AREA TO ENCLOSED PATIO, CONSISTING OF DECKING AREA & 2 TEMP. TENTS, ENCLOSED BY EXTERIOR BLDG. WALL, EXTERIOR WALL OF INTERIOR TENTS & BARRIERS ADJACENT TO DRIVEWAY. EMERGENCY EXIT CONTROLLED BY A STAFF PERSON & OR POLICE OFFICER.

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LICENSE NUMBER: 045000094

CITY OR TOWN **GLOUCESTER**

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **ANTONELLA DELISI, INC**

DOING BUSINESS AS **CAPTAIN HOOK'S RESTAURANT**

ADDRESS **406 WASHINGTON ST**

CITY/TOWN: **GLOUCESTER**

STATE: **MA**

ZIP CODE: **01930**

MANAGER: **DELISI, VITO**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

**DINING ROOM WITH SEATING AREA, COUNTER, ENCLOSED 1ST FLOOR WITH TWO RESTROOMS;
KITCHEN, STORAGE AREAS, SERVICE COUNTER; 2ND EGRESS IN REAR OF BLDG**

I hereby certify and swear under penalties of perjury that:

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LICENSE NUMBER: 045000095

CITY OR TOWN **GLOUCESTER**

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **HORIZON CHINESE RESTAURANT, INC.**

DOING BUSINESS AS

ADDRESS **4 ROGERS STREET**

CITY/TOWN: **GLOUCESTER**

STATE: **MA**

ZIP CODE: **01930**

MANAGER: **GAO, JAMES**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

RESTAURANT APPROX. 1500 SQ. FT. WITH DINING ROOM, KITCHEN AND 2 HND CP. BATHROOMS, 1 ENTRANCE/EXIT: 1 EMERGENCY EXIT ON SEDE, (TABLE SERVICE ONLY)

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 045000096

CITY OR TOWN GLOUCESTER

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: RISTORANTE TRATTORIA LLC

DOING BUSINESS AS

ADDRESS 60 & 64 MAIN STREET

CITY/TOWN: GLOUCESTER

STATE: MA

ZIP CODE: 01930

MANAGER: ORLANDO, PIERA TYPE OF LICENSE: Restaurant
M.

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

REST. WITH 3 DINING AREAS, KITCHEN, 2 HDPC, BATHROOMS ,CELLAR FOR STORAGE, FRONT
ENT./EXIT AND SIDE ENTR./ EXIT TABLE SERVICE ONLY.

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 045000098

CITY OR TOWN GLOUCESTER

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: TOPSIDE GRILL INC

DOING BUSINESS AS TOPSIDE GRILL

ADDRESS 50 ROGERS ST. & 18-26 HANCOCK STREET

CITY/TOWN: GLOUCESTER

STATE: MA

ZIP CODE: 01930

MANAGER: SILVA, DENNIS

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

RESTAURANT W/ENTRANCE ON ROGERS STREET AND PUB W/ENTRANCE ON HANCOCK STREET.
HALLWAY CONNECTS PUB AND RESTAURANT. BLDG ON CORNER LOT

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 045000103

CITY OR TOWN GLOUCESTER

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MILE MARKER ONE LLC

DOING BUSINESS AS CAPE ANN'S MARINA RESORT

ADDRESS 75 ESSEX AVENUE

CITY/TOWN: GLOUCESTER

STATE: MA

ZIP CODE: 01930

MANAGER: TOBIN DOMINICK TYPE OF LICENSE: General on
premise

CATEGORY: All Alcohol

EMAIL ADDRESS:

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DESCRIPTION OF LICENSED PREMISES:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 045000104

CITY OR TOWN **GLOUCESTER**

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **THE MARKET RESTAURANT ON LOBSTER COVE INC.**

DOING BUSINESS AS

ADDRESS **33 RIVER STREET**

CITY/TOWN: **GLOUCESTER**

STATE: **MA**

ZIP CODE: **01930**

MANAGER: **O'REILLY, AMELIA** TYPE OF LICENSE: **Restaurant**

CATEGORY: **Wine and
Malt Regular**

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

**FIRST FLOOR INCLUDING DECK AT REAR, TWO ENTRANCES-MAIN ENTRANCE WITH SIDE DECK
AND FRONT ENTRANCE, RETAIL AREA, EMERGENCY EXIT, TWO BATHS, INCLUDES DINING AREAS
AND KITCHEN; STORAGE AREA EXCLUDING RETAIL AREA**

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 045000106

CITY OR TOWN GLOUCESTER

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: NO. 1 GLOUCESTER BUFFET, INC.

DOING BUSINESS AS MIDORI CHINESE JAPANESE

ADDRESS 32-36 WASHINGTON STREET

CITY/TOWN: GLOUCESTER

STATE: MA

ZIP CODE: 01930

MANAGER: HUANG, ANTHONY TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR WITH ONE DINING ROOM, ONE KITCHEN, ONE STORAGE ROOM, ONE ENTRANCE
AND TWO EXITS.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 045000107

CITY OR TOWN GLOUCESTER

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MELISSA R. SALLAH

DOING BUSINESS AS SUGAR MAGNOLIA'S CAFÉ

ADDRESS 112 MAIN STREET

CITY/TOWN: GLOUCESTER

STATE: MA

ZIP CODE: 01930

MANAGER: SALLAH, MELISSA TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR RESTAURANT, EXIT & ENTRANCE TO MAIN STREET OPENS TO DINING AREA,
KITCHEN, MEN'S & LADIES ROOM, 1600 SQ FT WITH 1400 SQ FT BASEMENT

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF MARCH (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 045000109

CITY OR TOWN GLOUCESTER

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CASTLE MANOR INN LLC

DOING BUSINESS AS

ADDRESS 141 ESSEX AVENUE

CITY/TOWN: GLOUCESTER

STATE: MA

ZIP CODE: 01930

MANAGER: BAKER, LAURA
MINI

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

KITCHEN, RESTAURANT-4 ROOMS, 1500 SQ FT WITH BAR WITH 10 SEATS..SERVICE ENTRANCE AND DECK...APPROX 2400 SQ FT...3 RESTROOMS...MAIN ENTRANCE EAST SIDE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF MARCH (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 045000110

CITY OR TOWN GLOUCESTER

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: OHANA, INC.

DOING BUSINESS AS OHANA

ADDRESS 151 MAIN STREET

CITY/TOWN: GLOUCESTER

STATE: MA

ZIP CODE: 01930

MANAGER: DADULAS, ERNIE TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

T.

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

52 SEAT RESTAURANT & 9 SEATS AT THE BAR, TWO ENTRANCES AND EXITS. LOWER LEVEL:
OFFICE, BATHROOM, COMMON AREA & KITCHEN. 1ST FLOOR, DINING ROOM, BATHROOM &
VESTIBULE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF MARCH (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 045000111

CITY OR TOWN GLOUCESTER

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: LAURA CRAMER

DOING BUSINESS AS THE CAVE

ADDRESS 44 MAIN STREET

CITY/TOWN: GLOUCESTER

STATE: MA

ZIP CODE: 01930

MANAGER: CRAMER, LAURA TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1000 SQ FT WITH STORAGE AREA, UTILITY CLOSET AND HALF BATH

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF MARCH (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 045000112

CITY OR TOWN GLOUCESTER

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ROBERT L. NEWTON

DOING BUSINESS AS THE CAPE ANN COMMUNITY CINEMA

ADDRESS 21 MAIN STREET

CITY/TOWN: GLOUCESTER

STATE: MA

ZIP CODE: 01930

MANAGER: NEWTON,
ROBERT L.

TYPE OF LICENSE: General on
premise

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

88 SEAT COMMUNITY CINEMA, LIVING ROOM SETTING WITH EXITS FRONT AND REAR

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF MARCH (M.G.L. Ch. 138 § 16A)